was in line with current data. Pulmonary symptoms call for vigilance in monitoring children. Chronic ocular inflammation sometimes is the cause of long-term cataracts in patients with atopic disorders. Early ocular symptoms found in this cohort must be specified and suggest that an opthamological follow-up may be required in some cases. In addition, the abnormally high consumption of antiseptics - and also often the source of irritation - raises concerns about children's treatment.

PSS7

BURDEN OF ACTINIC KERATOSIS IN GERMANY-RESULTS OF A LITERATURE RESEARCH

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OBJECTIVES: Actinic keratoses (AK) are dermatological conditions with the risk-potential becoming squamous cell carcinoma (SCC). Descriptions of AK-epidemiology and cost-of-illness are currently necessary when submitting an AMNOG dossier for an AK-product in Germany. **METHODS:** To describe AK-epidemiology a targeted literature research was conducted in PubMed in 2012, using the search terms (epidemiology OR incidence OR prevalence). To find relevant cost-of-illness information the following search terms were used (cost OR costs OR burden OR econom* OR pharmacoeconom* OR financ* OR budget OR reimburs* OR (resource NEAR (use OR utilization))). Both searches were combined with AND ((actinic OR solar OR senil*) AND (keratos* OR cheilitis)) AND Germany. PubMed research was supplemented by additional searches in guidelines and the World Wide Web for publications in German/English. **RESULTS:** The screening of the epidemiology results (36 in PubMed) identified two relevant publications of four studies investigating AK-prevalence in Germany (Schäfer epub ahead of print 2012, Lichte 2010). An additional search for the German phrase "nicht melanozytäre Hautkarzinome" identified a publication on the cost-benefit of skin-cancer-screening, including data on prevalence of AK (Guther 2011). The study results demonstrate a prevalence range between 2.0% and 7.4% with increasing prevalence by age. So far no cost-of-illness data of AK were identified for Germany (5 hits in pubmed). In an expert survey from Augustin and Kornek (2012) one important cost-factor was seen in the progression of AK into SCC and its prevention might reduce treatment cost and burden of disease for patients. Citation tracking of this expert-survey identified an additional prevalence-study in Germany (prevalence 2%, Augustin 2011). **CONCLUSIONS:** No data of AK-incidence in Germany are available. Prevalence data of AK in Germany have a broad range from 2.0% - 7.4%. Cost-of-illness data are needed for Germany to demonstrate the cost saving aspect of AK-prevention as seen in cost-of-illness studies of other countries.

PSS8

PREVALENCE AND RISK FACTORS OF ACTINIC KERATOSES

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OBJECTIVES: In Europe only few and inconsistent data on the prevalence and treatment of Actinic Keratoses (AK) are available. Objective of this study was to determine the prevalence of AK in Germany, to identify potential predictors and to estimate the number of AK cases treated in dermatologic practices. **METHODS:** In a multiple-source-approach, prevalence was assessed from whole-body-examinations in a cohort of 90.800 employees and from nationwide statutory health insurance (SHI) data of 2008. c) The number of cases documented in dermatological offices was estimated from statistics of a SHI Physicians Association. **RESULTS:** Standardized prevalence of AK from dermatological examinations was 2.7%; the rate increased with age (11.5% in the group 60-70 years) and was higher for men (3.9%) than for women (1.5%). Significant associations were also identified for skin phototype I, sunburns in childhood and solar lentigines. Vitiligo and a history of melanoma were also but not significantly associated with AK. In the SHI data analysis standardized AK prevalence was 1.8%. Age-specific rates were below 1.5% up to 60 years and rose to 8.2% (13.2% in men) in the group 80-89 years. The prevalence from these large data sets - which is at the lower limit of studies from other countries – suggests about 1.7 Mio. estimated AK cases in Germany. In 2011 AK accounted for 8.3% of the hundred most frequently treated dermatological outpatient diagnoses. The proportion of AK cases has risen almost continuously over the last 10 years. Estimated annual number of AK cases documented by dermatologists in Germany is about 1.7 Mio. **CONCLUSIONS:** AK is a frequent condition in higher age groups and more prevalent in men; a relevant need for health care evident. Predictors and risk factors for AK are easy to identify in the population, which could also help to detect groups with special need for preventive measures.

SENSORY SYSTEMS DISORDERS – Cost Studies

PSS9

THE BUDGET IMPACT OF INTRODUCING RANIBIZUMAB IN ENGLAND AND WALES FOR THE TREATMENT OF VISUAL IMPAIRMENT DUE TO CHOROIDAL NEOVASCULARIZATION SECONDARY TO PATHOLOGIC MYOPIA

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OBJECTIVES: To evaluate the budget impact of introducing ranibizumab. **METHODS:** Cumulative costs were assessed using an open cohort model with a 5-year time horizon and NHS perspective. The number of eligible patients was based on: the estimated prevalence of pathologic myopia (PM) in the population >40 years old (1.2%); the incidence of choroidal neovascularization (CNV) in patients with PM (0.98%); the proportion of patients eligible for pharmacotherapy (81%) and bilateral disease prevalence (5.5%). Treatment and diagnosis rates were estimated at 80% and 83–86% respectively. Treatment frequency was based on RADIANCE trial data. The model compared two scenarios. In the 'with ranibizumab' scenario, the proportion of eligible patients treated with ranibizumab was estimated as 7% at year 1, increasing to 32% at year 5; the proportion receiving verteporfin photodynamic therapy (vPDT) fell from 93% to 68%. In the 'without ranibizumab' scenario, only vPDT was administered. Costs of treatment, administration, monitoring, bilateral disease and management of recurrences were included. **RESULTS:** An estimated 2045 patients were eligible for treatment at year 1 and 2119 at year 5. In the 'with ranibizumab' scenario, 143 patients received ranibizumab at year 1, increasing to 678 at year 5; 1902 patients received vPDT at year 1 and 1441 at year 5. 'With ranibizumab' annual costs were higher in years 1–2 than 'without ranibizumab' costs. During years 3, 4 and 5, cost savings occurred with ranibizumab (£3867, £121 584 and £232 467, respectively), owing to lower total costs of treatment and monitoring than with vPDT. The total 5-year saving 'with ranibizumab' over 'without ranibizumab' was £227 086. **CONCLUSIONS:** Treating visual impairment due to CNV secondary to PM with ranibizumab rather than vPDT is estimated to provide significant cost savings in England and Wales over 5 years.

PSS10

PHARMACOECONOMIC ASSESSMENT OF RANIBIZUMAB IN THE TREATMENT OF THE DIABETIC RETINOPATHY IN THE RUSSIAN FEDERATION

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Diabetic retinopathy (DR) is one of the main reasons of vision loss. Traditional treatment provides insufficient control of disease and adverse events. New drug ranibizumab usage in treatment of DR opens new opportunities in treatment of DR. **OBJECTIVES:** To provide pharmacoeconomic assessment of ranibizumab in DR treatment in the Russian Federation. **METHODS:** Comparative modeling cost-effectiveness (CEA) and budget impact (BIA) analyses based on clinical trials results were conducted. CEA with 1 year time horizon for basic group patients and BIA with 5 year time horizon for high risk vision loss patient group. CEA considered only direct costs (DC), while BIA dealt with both DC and indirect costs (IC). 1 EURO = 40 RUB. **RESULTS:** Annual total costs (TC) per patient (PP) for ranibizumab treatment (8 injections on the average) approached 9786 EURO. Annual TC for LC treatment were 440 EURO PP. Ranibizumab provides 6,1 letters vision improvement on the average, while LC – 0,8 letters. Cost-effectiveness ratio (CER) for ranibizumab was 1604 EURO per letter, for LC CER was 550 EURO per letter. ICER was 1764 EURO per additional letter. Second scenario included DR patients going blind in 5 years on LC treatment, while on ranibizumab treatment they could keep their eyesight. TC over 5 years for ranibizumab treatment (13 injections on the average) were 15225 EURO PP. TC over 5 years on LC were 27327 EURO PP, including IC due to vision loss – 25250 EURO. BIA results have shown that ranibizumab treatment for high-risk vision loss DR patients group provided 9 616 EURO (discounted at 3,5%) cost-saving PP in comparison with LC treatment. **CONCLUSIONS:** Ranibizumab is highly effective costly treatment that demands additional consideration for administration in common DR patient group, while it seems to be cost-saving in DR patient group of high-risk vision loss.

PSS11

EVALUATION OF THE HERPES ZOSTER IMPACT AS COMORBIDITY FACTOR IN 5 PATHOLOGIES FRENCH HOSPITAL CARE AMONG ADULTS AGED 50 AND OLDER

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OBJECTIVES: To evaluate the impact of Herpes Zoster (HZ) as associated diagnosis on hospitalizations for an other main health problem, using 3 evaluation criteria: length of stay, number of death and cost from the national health insurance perspective. **METHODS:** The hospitalizations of people aged 50 years and more were selected from the French national hospital database (PMSI) 2011 using ICD 10 diagnosis code: HZ (B02*) in associated diagnosis (DAS), and excluding codes of immunosuppressive conditions (D8* or B20*-B24*). The 5 main categories of diseases leading to hospitalization distribution allowed us to select, in decreasing order of importance: circulatory (I0*-I5* & I7*-I9*), respiratory (J0*-J9*), digestive (K0*-K9*), osteo-articular systems (M0*-M9*), and diabetes (E1*). For each of the 5 categories, a retrospective case-control has been realized. The cases are defined by hospitalizations with HZ in DAS and controls were hospitalizations without HZ in DAS matched on age and sex to the cases. Statistical non parametric analyses (Wilcoxon-Mann-Whitney) in each of the five categories have been realized to evaluate the difference in length of stay, death rate, and cost. **RESULTS:** In each of the five categories, cases presented a statistically significant length of stay compared to the controls. Median differences varying of 3 days for osteo-articular system (+50%) to 6 days for digestive system (+300%). None difference in the death rates has been observed. The study also demonstrated a statistically significant cost of cases compared to the controls median differences varying of 857€ for circulatory system (+25%), 922€ for osteo-articular system (+26%), 945€ for respiratory system (+26%), 987€ for diabetes (+39%), and 2011€ for digestive system (+126%). **CONCLUSIONS:** When present as an associated diagnosis in hospitalizations of people 50+ for other medical reasons, HZ significantly increases the length of stay at hospital and subsequent economic burden for the French health system.

PSS12

SPECTACLE INDEPENDENCE AND VISION-RELATED QUALITY OF LIFE IN CATARACT SURGERY PATIENTS FOLLOWING IMPLANTATION OF A MULTIFOCAL INTRAOCULAR LENS

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OBJECTIVES: The aim of this study was to compare spectacle independence and vision-related quality of life following implantation of a multifocal intraocular lens (IOL: ReSTOR®) or monofocal IOLs. **METHODS:** This prospective observational study involved 206 cataract surgery patients (median age 71 years, range 51–90 years) receiving either the multifocal IOL or monofocal IOLs. The primary outcome measures were the proportion of patients with a postoperative improvement in uncorrected visual acuity of 0.1 logMAR or better, the proportion of patients achieving spectacle independence, and vision-related quality of life assessed using the